



## TOWN OF AMHERST APPLICATION FOR AN INNHOLDER LICENSE

Date: \_\_\_\_\_

To the Licensing Authorities:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto:

COMPANY: \_\_\_\_\_ DBA: \_\_\_\_\_

ADDRESS OF PREMISES: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)

*For Select Board Office Use Only:*

Select Board

Date Approved/Denied: \_\_\_\_\_ License # \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please return this application and a License Attestation form to the **Select Board's Office**, 4 Boltwood Avenue, Amherst, MA 01002